☐ ADMINISTRATE POLICY & PROCEDURE (APP)	☐ INSTITUTIONAL POLICY & PROCEDURE (IPP) ☐ INTERDEPARTMENTAL ☐ INTERNAL

TITLE		POLICY NUMBER/V#
Corrected laboratory Reports		MMC – LAB – 12 (01)
INITIATED DATE	**EFFECTIVE DATE**	**REVISED DATE**
02/08/2025	**01/09/2025**	**01/08/2028**
REPLACES NUMBER		**NO. OF PAGES**
N\A		03

APPLIES TO	RESPONSIBILITY
Laboratory Department	All lab staff.

1. Policy

1.1 When a laboratory report must be corrected, and the amended results are sent to the ordering physician, questions may be raised regarding the quality of the laboratory work; the proper operation of the instrumentation involved; the competency of the testing staff, and whether the laboratory director or technical consultant/supervisor were fulfilling their oversight responsibilities.

2. Purpose

2.1. To provide documentation of a result change. To remove erroneous results from the chart. To alert health care personnel of a change in reported results.

3. Definition

3.1 Approved reports are final and the physician will depend on their results for diagnosis, so that all results should be checked carefully before approving.

4. Affected department

4.1 Laboratory Department

5. Procedures

5.1 While the report is the end result of the testing process, the reasons for the release of an erroneous report must be investigated, and the investigation may need to go all the way back to the pre-analytical phase, from test ordering to specimen collection and handling, through the analytical phase (instruments/reagents/staff competency), to the post-analytic phase that includes verification of the LIS (lab information system) for automated and manual results transfer.

5.2 As erroneous reports may be due simply to a manual transcription error, initial verbal reports that were misunderstood; or a manual patient mix up. But as simple (though serious) as these are, the reasons these occurred at all still indicates a problem that may involve the core issues of oversight, training, communication and documentation.

5.3 There needs to be a formal laboratory policy and procedure for the correction of erroneous laboratory reports (after the correct result are obtained), and for sending amended reports as soon as possible.

5.4 These should include the following:

5.4.1 Identify who to notify when the error is detected, it must be to the clinical departments concerned with the test.

5.4.2 Document all steps taken to correct the error;

5.4.3 Provide the ordering physician with the corrected report;

5.4.4 Retain the original report and the corrected report for future reference

5.4.5 Perform a Root Cause Analysis if systemic issues are involved; if serious enough, perform an Incident Management study.

5.4.6 Alternative contact plans if the laboratory is unable to reach the ordering physician or provider in a timely manner.

5.4.7 Inclusion of this event as part of Quality Assessment; include follow up to ensure that the corrective actions taken were effective.

Notification of Corrected Results 1) Caregivers must be notified when changes in reported results may affect patient treatment. Any result that is corrected and has gone from a normal value to an abnormal value or has gone from an

abnormal value to a normal value must be called to the patient's caregiver immediately. This documentation must include: who was notification. time of notification. and date of notification.

6. Responsibilities

6.1 All Laboratory Staff.

7. Reference

7.1 CBAHI Teaching Tools.
7.2 CBAHI Standard Number: LB.26.

8. Attachments

8.1 None

APPROVALS & REVIEWS:			
Prepared By	**Title**	**Date**	**Signature**
Dr. Hafez ALsheikh Mohammed	**Head of Department**	**02-08-2025**	
Reviewed By			
Dr. Mostafa Mohammed Osman	**Quality Director**	**02-08-2025**	
Approved By			
Dr. Abdulmajeed Abdullah Saleh	**Medical Director**	**02-08-2025**	
Eng. Meshaal Hussein Alghamdi	**Executive Director**	**02-08-2025**	